

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17076**
Registrar's No. **2358**

FILED JUN 7 1943

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3500 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No** (Specify whether
In this community **4 days** years, months or days)

3. (a) PRINT FULL NAME **NANNIE M. NEVILLE.**

3. (b) If veteran, name war ***** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **James C. Neville** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **April 1 1868.** (Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **17** If less than one day hr. min.

9. Birthplace **Lafayette County Mo. 0** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business

12. Name **John McLain**
13. Birthplace **No Record Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Louise Gray Kentucky**
15. Birthplace **No Record Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. T. J. Martin.**

(b) Address **3500 College.**

17. (a) **Burial** (b) Date thereof **May 21 '43** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington.**

18. (a) Signature of funeral director **Bentley Mortuary.**

(b) Address **5811 Troost**

19. (a) **5-21-43** (b) **M. M. Browne** (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson.** 48
(c) City or town **Kansas City.** 3
(If outside city or town limits, write "RURAL")
(d) Street No. **3500 Troost College** 8
(If rural, give location) 0
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country *****

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** 18 day. year **1943** hour **11** minute **10** P. M.

21. I hereby certify that I attended the deceased from **Dec 1940** to **May 18 1943** that I last saw him alive on **May 18** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration **3 yrs.**

Due to **Arteriosclerosis and senility** ?

Due to **734**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Eugene A. Bond** (M. D. or other) Address **1607 Kansas** Date signed **5/24/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Gray T. Buffington*.....
Licensed Embalmer No. *2756*.....
P. O. Address *K. C. Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.